
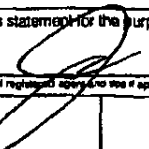
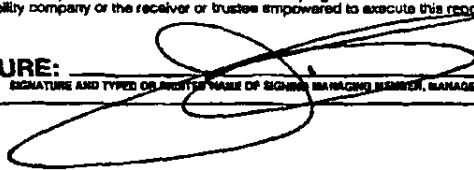


**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90347 034 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L02000032087</b>   |  |   |   |
| 1. Entity Name<br><b>SOUTHERN CAPITAL HOLDINGS, LLC</b>  |  |  |   |
| Principal Place of Business<br><b>2241 2ND AVE. S.<br/>ST. PETERSBURG, FL 33712</b>  |  | Mailing Address<br><b>2241 2ND AVE. S.<br/>ST. PETERSBURG, FL 33712</b>  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 4. FEI Number<br><b>APPLIED FOR 72 1551442</b>   |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| <b>ATKINSON, JOEL<br/>2241 2ND AVE. SOUTH<br/>SAINT PETERSBURG, FL 33712</b>   |  | Name <b>JOSEPH C. WHITELOCK, PA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3245 5TH AVENUE NORTH</b><br>City <b>ST. PETERSBURG FL 33713</b> |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  DATE <b>3/29/04</b>  |  |  |   |
| Filing Fee is \$50.00 Due by May 1, 2004   |  | 17. Make check payable to Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ATKINSON, JOEL<br>2241 2ND AVE. S.<br>ST. PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BURKE, KEVIN<br>2241 2ND AVE. SOUTH<br>SAINT PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BURKE, TOM<br>2241 2ND AVE. SOUTH<br>SAINT PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MELISSA BARAN</b> <input type="checkbox"/> Delete<br><b>2241 2ND AVENUE S.<br/>ST. PETERSBURG, FL 33712</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SECRETARY</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.<br>SIGNATURE:  DATE <b>3/29/04</b> (727) 328-8888 |  |  |   |

**34003978**

